

NCJA 23 Rev. 5/98		<h2 style="margin: 0;">FINANCIAL AFFIDAVIT</h2>		IN SUPPORT OF REQUEST FOR ATTORNEY'S FEE OR FOR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE	
IN UNITED STATES <input type="checkbox"/> MAGISTRATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)		IN THE CASE OF			
_____ V.S. _____ _____ AT _____		FOR _____ AT _____		LOCATION NUMBER <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
PERSON REPRESENTED (Show your full name) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <i>Enrique Agosto</i> </div>		1 <input type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other		DOCKET NUMBERS Magistrate District Court Court of Appeals <div style="margin-top: 10px;"> <i>2004 M 050123C - 05</i> </div>	
CHARGE/OFFENSE (describe if applicable & check box →) <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor					

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY												
EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment How much did you earn per month? \$ _____ If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____											
	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <div style="display: flex; justify-content: space-between;"> <div>           RECEIVED            IF YES, GIVE THE AMOUNT RECEIVED &amp; IDENTIFY THE SOURCES            \$ _____            _____            _____         </div> <div>           SOURCES            _____            _____            _____         </div> </div>											
	CASH Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____											
	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ DESCRIBE IT <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;">VALUE</th> <th style="width: 40%; text-align: center;">DESCRIPTION</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		VALUE	DESCRIPTION								
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MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR <input type="checkbox"/> DIVORCED		Total No. of Dependents <div style="font-size: 2em; margin-top: 10px;">0</div>	List persons you actually support and your relationship to them <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
OBLIGATIONS & DEBTS	DEBTS & MONTHLY BILLS <small>(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)</small>	APARTMENT OR HOME <i>Ambulance Bill</i>	Creditors <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
	Total Debt <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>		Monthly Paymt. <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
	\$ <i>565</i>		\$ <i>25</i>
	\$ _____		\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

*10/15/04*

 SIGNATURE OF DEFENDANT  
 (OR PERSON REPRESENTED)

